Fill in this informati	on to identify your case:	
Debtor 1	Frank Joseph Keough	_
Debtor 2 (Spouse, if filing)	Maria Concetta Keough	_
United States Bank	cruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	19-13280	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official For	m 106l	MM / DD/ VVVV

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional		☐ Not employed	■ Not employed
	employers.	Occupation	Truck Loader	
	Include part-time, seasonal, or self-employed work.	Employer's name	Advance Auto Parts	
	Occupation may include student or homemaker, if it applies.	Employer's address	5008 Airport Road Roanoke, VA 24012	
		How long employed th	nere? 13 Years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,173.67 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 856.27 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

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ebtor 1 ebtor 2	Frank Joseph Keough Maria Concetta Keough		Case r	number (if known)	19-13	280	
			For	Debtor 1		Debtor 2 or filing spouse	
Co	py line 4 here	4.	\$	4,029.94	\$	0.00	
Lis	et all payroll deductions:						
5a.		5a.	\$	573.54	\$	0.00	
5b.	·	5b.	\$	0.00	\$	0.00	
5c.		5c.	\$	0.00	\$	0.00	
5d.		5d.	\$	80.34	\$	0.00	
5e.	• • •	5e.	\$	340.34	\$	0.00	
5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
5g.		5g.	\$	0.00	\$	0.00	
5h.		5h.+	\$	17.94	+ \$	0.00	
	STD	_	\$	5.22	\$	0.00	
Ad	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$	1,017.38	\$	0.00	
	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	* — \$	3,012.56	\$	0.00	
Lis 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		·	•		
8b.	monthly net income. Interest and dividends	8a. 8b.	\$ \$	1,200.00	\$ \$	0.00	
8c.		8c.	\$	0.00	\$	0.00	
8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
8e.	Social Security	8e.	\$	0.00	\$	824.00	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
8g.		8g.	\$	0.00	\$	0.00	
8h.	Other monthly income. Specify:	_ 8h.+	* \$	0.00	+ \$	0.00	
Ad	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,200.00	\$	824.00	
	Iculate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	1,212.56 + \$_	82	24.00 = \$	5,036.5
Inc oth Do	ate all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your ser friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a ecify:	depen		•		chedule J. 11. +\$	0.0
Wr	d the amount in the last column of line 10 to the amount in line 11. The restite that amount on the Summary of Schedules and Statistical Summary of Certain blies						5,036.
						Combine monthly	
3. Do	you expect an increase or decrease within the year after you file this form?	?					

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